

**Medical Services**

# **Administration of Ambulatory Procedure Visit (APV) Records**

**Headquarters  
U.S. Army Medical Department Activity  
Fort George G. Meade  
2480 Llewellyn Avenue  
Fort George G. Meade, MD 20755-5800  
17 January 2003**

**Unclassified**

# ***SUMMARY of CHANGE***

MEDDAC MEMO 40-13

Administration of Ambulatory Procedure Visit (APV) Records

Specifically, this revision—

- o Has been published in a new format that includes a cover and this “Summary of Change” page.
- o Reformats the title page. The Contents section now includes the page numbers that the various chapters and paragraphs begin on.
- o Changes the disposition of APV records by requiring that whenever a military patient is transferred to another military MTF or to a Department of Veterans Affairs (VA) medical center, a copy of the APVR will be sent to the MTF or VA medical center along with the patient, at the time of transfer. The original APV record will be retained at KACC and forwarded to the Ambulatory Surgical Records Section to allow for final processing (para 2-3).

Department of the Army  
Headquarters  
United States Army Medical Department Activity  
2480 Llewellyn Avenue  
Fort George G. Meade, MD 20755-5800  
17 January 2003

\* MEDDAC  
Memorandum 40-13

## Medical Services

### Administration of Ambulatory Procedure Visit (APV) Records

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**Summary.** This memorandum establishes policy and procedures for completing, maintaining and transferring APV records.

**Applicability.** This memorandum applies to Headquarters, U.S. Army Medical Department Activity, Fort George G. Meade (MEDDAC) (that is, Kimbrough Ambulatory Care Center (KACC)).

**Proponent.** The proponent of this memorandum is the Chief, Patient Administration Division (PAD).

**History.** This is the fifth revision of the publication, which was originally published on 19 August 1992.

**Suggested improvements.** Users of this publication are invited to send comments and suggested improvements, by memorandum, to

Commander, U.S. Army Medical Department Activity, ATTN: MCXR-PAD, Fort George G. Meade, MD 20755-5800, or to the MEDDAC's Command Editor by e-mail to [john.schneider@na.amedd.army.mil](mailto:john.schneider@na.amedd.army.mil) or by fax to (301) 677-8088.

**Distribution.** Distribution of this publication is by electronic medium only.

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\* This publication supersedes MEDDAC Memo 40-13, dated 1 October 2001.

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## **Glossary**

## **Chapter 1**

### **Introduction**

#### **1-1. Purpose**

This memorandum prescribes policies, procedures and responsibilities for the management of APVRs at KACC.

#### **1-2. References**

Required publications are listed at appendix A. Referenced forms are also listed at appendix A.

#### **1-3. Explanation of abbreviations and terms**

Abbreviations and special terms used in this publication are explained in the glossary.

#### **1-4. Responsibilities**

The Chief, Ambulatory Surgical Records Section (ASRS). The Chief ASRS will—

- a. Maintain a record of the disposition of each APV record (AVPR).
- b. Ensure all APVRs removed from the ASRS are signed out.
- c. Review all APVRs for accuracy and completion.
- d. Retrieve missing documentation (for example, path records and lab work; and insert in ARVRs.
- e. Maintain a tracking system of all records entering and leaving the ASRS.
- f. Code all records in accordance with (IAW) currently prescribed procedures.
- g. Daily check the Operating Room (OR) schedule to ensure completion of APVRs (for example, signature by the rotating physician by taking their APVRs to the OR).
- h. Review all records coming back from clinics for completion.
- i. Ensure the proper taping and filing of all APVRs into the permanent terminal digit files.
- j. Initiate follow up by mailing unsigned operating reports to departed physicians for completion.

## **Chapter 2**

### **Administration of the APVR**

#### **2-1. Creation and general maintenance of the APVR**

- a. On a patient's day of surgery, his or her Outpatient Medical Record (OMR) will be forwarded to the operating room where the procedure will be performed.
- b. The APVR and OMR will be maintained on the operating room for as long as the patient occupies a bed. Upon the patient's discharge, his or her APVR will be disposed of IAW paragraph 2-3 below.

#### **2-2. APVR documentation, maintenance, coding, and retirement**

- a. Documentation for the APVR will—
  - (1) Comply with current Joint Commission on Accreditation of Healthcare Organizations (JCAHO) documentation standards.
  - (2) Be completed within 30 days of surgery.
- b. As a minimum, the following items will be included in the APVR:
  - (1) DA Form 4256 (Doctors Orders).

- (2) DD Form 2005 (Privacy Act Statement – Health Care Records).
  - (3) MEDDAC Overprint 299 (Advance Directive Inquiry).
  - (4) MEDDAC Overprint 9 (Kimbrough Ambulatory Care Center Discharge Summary).
  - (5) SF 515 (Medical Record – Tissue Examination).
  - (6) SF 516 (Operation Report – Medical Record).
  - (7) SF 522 (Medical Record – Request for Administration of Anesthesia and for Performance of Operations and Other Procedures).
  - (8) SF 539 (Medical Record – Abbreviated Medical Record).
  - (9) WRAMC Overprint 557 (Anesthesia Preoperative Evaluation).
  - (10) WRAMC Overprint 558 (Medical Record – Anesthesia).
  - (11) MEDDAC Overprint 61 (Post Anesthesia Record).
  - (12) All appropriate therapeutic documentation, to include post-procedure follow up telephone calls and all diagnostic reports (such as laboratory, radiology and electrocardiogram reports).
- c. A copy of the patient's discharge summary and discharge instructions will be given to the patient. Post-discharge copy will be place in the OMR.
  - d. The APV will be annotated on DA Form 5571 (Master Problem List (OMR)).
  - e. SF 539 will be completed within 30 days prior to the operative or other procedure.
  - f. Operative reports.
    - (1) Operative reports will be dictated immediately after surgery and will include the following:
      - (a) The provider's name.
      - (b) Name of any person who assisted the provider.
      - (c) Preoperative diagnosis.
      - (d) Postoperative diagnosis.
      - (e) Type of anesthesia used.
      - (f) Specimen to laboratory.
      - (g) Patient's name.
      - (h) Sponsor's social security number.
    - (2) Due to the delay in transcription, a comprehensive operative progress note will be entered in the APVR immediately after surgery. This will provide needed information for any staff who are required to attend to the patient.
    - (3) The completed operative report will be authenticated by the surgeon and filed in the APVR as soon as possible. A copy will be filed in the patient's OMR.
    - (4) The patient's vital signs and level of consciousness, medications (including intravenous fluids) and blood components administered, and any unusual events or post-operative complications including blood transfusion reactions, and the management of such events will be recorded on the post-anesthesia record. The patient's discharge from the post-anesthesia care area by the responsible practitioner, following appropriate criteria, will also be recorded in the post-anesthesia record.
    - (5) Discharge criterion will be approved by a licensed practitioner and rigorously applied to determine the patient's readiness for discharge.
    - (6) The name of the licensed practitioner responsible for the patient's discharge will be recorded on the postoperative documentation.

(7) Telephone and verbal orders of authorized individuals are accepted and documented by registered nurses only.

### **2-3. Disposition of APVRs of transferred patients**

Whenever a military patient is transferred to another military MTF or to a Department of Veterans Affairs (VA) medical center, a copy of the APVR will be sent to the MTF or VA medical center along with the patient, at the time of transfer. The original APVR will be retained at KACC and forwarded to the ASRS to allow for final processing.

### **2-4. Disposition of the APVR upon discharge**

The APVR of a discharged patient will be assembled on the ward by nursing personnel. It will be assembled in proper sequence, which includes proper placement of all forms, IAW AR 40-66, and test results. The APVR will then be forwarded to the ASRS within 72 hours of the day of surgery, along with the NCR Form HC02, Ambulatory Encounter Summary (also known as Ambulatory Data System (or ADS) Encounter Form).

## **Chapter 3**

### **Administration of the APVR by the ASRS**

#### **3-1. Accountability of APVRs**

All APVRs that are removed from the ASRS will be signed out by medical records technicians.

#### **3-2. Completion of APVRs**

APVRs will be completed within 30 days following the day of the patient's surgery. Completion is defined as when the record has been received in the ASRS and all required contents assembled and authenticated, including the operative and pathology reports.

## **Appendix A References**

### **Section I Required Publications**

#### **AR 40-66**

Medical Records Administration. (Cited in para 2-4.)

#### **Manual for Ambulatory Care Centers**

Joint Commission on Accreditation of Healthcare Organizations. (Cited in para 2-2.)

### **Section II Related Publications**

A related publication is merely a source of additional information. The user does not have to read it in order to understand this publication.

#### **AR 310-25**

Dictionary of United States Army Terms

#### **AR 310-50**

Authorized Abbreviations, Brevity Codes, and Acronyms

### **Section III Prescribed Forms**

This section contains no entries.

### **Section IV Referenced forms**

#### **DA Form 3647**

Inpatient Treatment Record Cover Sheet

#### **DA Form 4256**

Doctors Orders

#### **DA Form 5571**

Master Problem List

#### **DA Form 5179**

Medical Record – Preoperative/Postoperative Nursing Document

#### **DA Form 5179-1**

Intraoperative Document

#### **DA Form 8005**

Outpatient Medical Record (OMR) Orange

#### **DA Form 8005-1**

Outpatient Medical Record (OMR) Light Green

#### **DA Form 8005-2**

Outpatient Medical Record (OMR) Yellow

#### **DA Form 8005-3**

Outpatient Medical Record (OMR) Grey

#### **DA Form 8005-4**

Outpatient Medical Record (OMR) Tan

#### **DA Form 8005-5**

Outpatient Medical Record (OMR) Blue

#### **DA Form 8005-6**

Outpatient Medical Record (OMR) White

#### **DA Form 8005-7**

Outpatient Medical Record (OMR) Brown

#### **DA Form 8005-8**

Outpatient Medical Record (OMR) Pink

#### **DA Form 8005-9**

Outpatient Medical Record (OMR) Red

#### **DD Form 2005**

Privacy Act Statement - Health Care Records



**MEDDAC Form 648**

Kimbrough Ambulatory Care Center Information for Same Day Surgery Patients

**MEDDAC Form 649**

Kimbrough Ambulatory Care Center Information for Same Day Surgery Patients

**MEDDAC Overprint 9**

Kimbrough Ambulatory Care Center Discharge Summary

**MEDDAC Overprint 61**

Post Anesthesia Record

**MEDDAC Overprint 168**

Same Day Ambulatory Surgery Pre-admission assessment

**MEDDAC Overprint 169**

Same Day Ambulatory Surgery Post-operative assessment

**MEDDAC Overprint 299**

Advance Directive Inquiry

**NCR Form HC02**

Ambulatory Encounter Summary

**SF 509**

Medical Record – Progress Notes

**SF 515**

Medical Record – Tissue Examination

**SF 516**

Operation Report – Medical Record

**SF 522**

Medical Record – Request for Administration of Anesthesia and for Performance of Operations and Other Procedures

**SF 539**

Medical Record – Abbreviated Medical Record

**WRAMC Overprint 557**

Anesthesia Preoperative Evaluation

**WRAMC Overprint 558**

Medical Record – Anesthesia

## **Glossary**

### **Section I Abbreviations**

**ASRS**  
Ambulatory Surgical Records Section

**APV**  
Ambulatory procedure visit

**APVR**  
APV record

**IAW**  
in accordance with

**JCAHO**  
Joint Commission on Accreditation of  
Healthcare Organizations

**KACC**  
Kimbrough Ambulatory Care Center

**MEDDAC**  
U.S. Army Medical Department Activity,  
Fort George G. Meade

**MTF**  
medical treatment facility

**OMR**  
outpatient medical record

**PAD**  
Patient Administration  
Division

**SF**  
standard form

**VA**  
Department of Veterans Affairs

### **Section II Terms**

This section contains no entries.